

**City of Marietta****Supplemental Pension Plan****MGA****Beneficiary Form****Participant Information** (please print)

Participant's Name (First, Middle Initial, Last)	Social Security Number
Home Address	<input type="checkbox"/> Married <input type="checkbox"/> Not Married (single, divorced, widowed)
APT #	Marital Status
City/Town	State
	Zip

**Beneficiary Designation**

I have read the information on this form and hereby designate the following as my Beneficiary(ies) to receive any death benefits payable under the Plan in the event of my death.

**Primary Beneficiary**

Name
Social Security #
Percent (if more than one Primary Beneficiary *)
Birth Date
Relationship to Participant

**Primary Beneficiary**

Name
Social Security #
Percent (if more than one Primary Beneficiary *)
Birth Date
Relationship to Participant

**Contingent Beneficiary**

Name
Social Security #
Percent (if more than one Contingent Beneficiary *)
Birth Date
Relationship to Participant

**Contingent Beneficiary**

Name
Social Security #
Percent (if more than one Contingent Beneficiary *)
Birth Date
Relationship to Participant

**Note:** By law, if you are married and select a primary beneficiary other than your spouse, the spousal consent on the back of this form must be signed and the alternative beneficiary agreed to by your spouse.

\*If you are naming more than one person as a primary or contingent beneficiary, please attach a listing of the persons.

**Signatures**

I certify that the information provided above is accurate. I understand that my beneficiary designation will not become effective until signed by me and the Plan Administrator and, where necessary, spousal consent has been given.

(See the reverse for further information.)

Participant \_\_\_\_\_ Date \_\_\_\_\_

Plan Administrator \_\_\_\_\_ Date \_\_\_\_\_

**Do not return this form to ABN AMRO but maintain for your records.**

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## More Beneficiary Information

### Effective Date

This designation will be effective only after it has been filed with and acknowledged by the Plan Administrator prior to the death of the Participant.

### Change of Designation

A change of beneficiary may be made only by the Participant at any time by filing a new Beneficiary Designation Form with the Plan Administrator. Please note, however, that the new designation will not be effective until acknowledged by the Plan Administrator. Note that in some cases, a change of beneficiary must be consented to in writing by the Participant's spouse.

### Primary Beneficiary

If you are unmarried

- and a designation of beneficiary has not been filed with the Plan Administrator, any distributions payable under the Plan in the event of your death will be made in a single sum to your estate.
- and become married, your spouse will automatically become your Primary Beneficiary unless you file a new Beneficiary Designation Form with the Plan Administrator which effectively designates a beneficiary other than your spouse.

If you are married

- and a designation of beneficiary has not been filed with the Plan Administrator, any distribution payable under the Plan in the event of your death will be made to your spouse.
- and wish to designate a beneficiary other than your spouse, the spousal consent portion of this form must be properly executed.
- and later divorce and then remarry, your new spouse will automatically become your Primary Beneficiary unless (1) you file a new Beneficiary Designation Form that effectively designates a beneficiary other than your new spouse, or (2) a "qualified domestic relations order" provides that your former spouse must remain as your Primary Beneficiary under the Plan.
- and later divorce and do not remarry, your ex-spouse will remain your Primary Beneficiary unless you file a new Beneficiary Designation Form that effectively designates a beneficiary other than your ex-spouse.

### Contingent Beneficiary

If the person(s) you have designated as Primary Beneficiary pre-decease you, any distributions payable under the Plan in the event of your death will be made to your Contingent Beneficiary.

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## Spousal Consent

Your spouse has an account in the Plan. The money in the account that your spouse will be entitled to receive is called the vested account. Federal law states that you will receive the vested account after your spouse dies. Your right to your spouse's vested account cannot be taken away unless you agree. If you agree, your spouse can elect to have all or part of the vested account paid to someone else. Your spouse cannot have the vested account paid to someone else unless you agree and sign this consent.

I, \_\_\_\_\_, do swear and affirm that I am the legal spouse of

\_\_\_\_\_, a Participant in the Plan. I hereby acknowledge and

consent to the beneficiary designation made by my spouse on \_\_\_\_\_, which does not name me as a beneficiary. I understand that as a result of this consent, I will not be entitled to any benefit from my spouse's accounts under the Plan. I further acknowledge that my consent to such designation is irrevocable unless my spouse files a new Beneficiary Designation Form with the Plan Administrator.

Spouse's Signature: \_\_\_\_\_ Date \_\_\_\_\_

NOTARIZATION: Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_  
(name of notary)

State of \_\_\_\_\_ County of \_\_\_\_\_

Notary Signature \_\_\_\_\_